



Colorado Department of Health Care Policy and Financing Center for Improving Value in Health Care

MINUTES

CIVHC Board Meeting

January 14, 2010

3:00 p.m. – 5:00 p.m.

Colorado Medical Society, Founder's Room (1st Floor)

7351 Lowry Boulevard, Denver, Colorado 80230

ATTENDEES	Phyllis Albritton, Jandel Allen-Davis, Les Berkowitz, Kelly Dunkin, Belinda Garcia, Marian Heesaker, Donna Marshall, Paul Melinkovich, Zettie Page, Annette Quintana, Barbara Ryan, Jeff Selberg, Steven Summer, Dick Thompson, Sandeep Wadhwa, Jay Want (Board Chair), Barb Yondorf Phone: Jean Kutner, Karen Zink
ABSENT	Peg Brown, Ned Calonge, Daryl Edmonds, Joscelyn Gay, Mike Huotari, Annette Kowal, Mark Levine, Jean Scholz, Kelly Stahlman
STAFF	Phil Kalin, Jenny Nate, Janie Dunckley
PUBLIC	Crystal Berumen, Lynn Parry, Marjie Harbrecht, Katie Jacobson, Chet Seward, Susan Morrissey
RECORDER	Janie Dunckley

CALL TO ORDER

Meeting was called to order at 3:05 p.m. by Jay Want, MD.

AGENDA ITEM	Board Chair and Executive Director Opening Remarks	
DISCUSSION	<p>Jay Want welcomed the group. He briefly discussed the status of CIVHC since Governor Bill Ritter, Jr. announced that he was not going to run for a second term. Joan Henneberry was also invited to speak about this topic to the group.</p> <p>Phil Kalin introduced Susan Morrissey, a Principal of SE2, the communications firm that has been hired to assist CIVHC in developing a communication strategy and work plan. SE2 is also helping to locate and develop communication tools for CIVHC and a web site.</p> <p>Phil Kalin recognized Karen Zink for being one of three people nominated for Citizen of the Year of Durango.</p>	
ACTION	PERSON RESPONSIBLE	DUE DATE
(none required)		

AGENDA ITEM	Governor Ritter and Status of CIVHC – Joan Henneberry		
DISCUSSION	Joan Henneberry, the Executive Director of the Department of Health Care Policy and Financing (HCPF), briefly discussed the status of CIVHC and health care reform efforts in Colorado since Governor Ritter has decided not to run for reelection. Priorities have not changed and the work of CIVHC and HCPF will move forward as planned. Efforts related to the Healthcare Affordability Act (HB08-1293) and other legislation within the Department is moving forward as planned. The Department and the Governor’s office are working with a consultant on implementing federal reform in Colorado and there will be a lot of early opportunities for grants and pilot programs here since we already have efforts in place.		
	Since the Governor does not have to worry about reelection there will be harder issues that he would like to tackle. He has been working with his cabinet to decide what the major priorities should be over the next year. There are still huge limitations because of the budgetary position Colorado is in, but reform efforts will continue.		
	There are efforts for Colorado to work with other states in the region in order to maximize resources in areas such as the insurance exchange and other pilot programs.		
ACTION		PERSON RESPONSIBLE	DUE DATE
(none required)			

AGENDA ITEM	Approval of Long Term Goals – Phil Kalin		
DISCUSSION (ATTACHMENT)	Phil Kalin briefly reviewed the changes that were made to the long-term goals after the last board meeting in December. The goals were specifically stated and separated from the examples of measures. The last box was changed from “Transparency & Accountability” to “Transparency”. The “Accountability” section was moved under the “Improved Population Health” box.		
	Les Berkowitz made a motion to approve the long-term goals. The motion was seconded by Dick Thompson. Jeff Selberg made a friendly amendment to include payers with providers in the Increased Transparency goal. Steven Summer expressed concern with having premium increases as the goal for “Bending the Cost Curve”, but did not have a suggestion for what to include.		
	With the friendly amendment the long-term goals were accepted unanimously by voice.		
ACTION		PERSON RESPONSIBLE	DUE DATE

AGENDA ITEM	Discussion of CIVHC advisory structure and priorities – Phil Kalin	
DISCUSSION (ATTACHMENT)	<p>Phil Kalin reviewed the “CIVHC Advisory Structure and Priorities” document. Looking at how the work groups were previously set-up and how the long-term goals and key strategic initiatives have shifted this document reflects how the groups have changed. Most of the leads and co-leads have been selected. There was general acceptance of this structure with suggestions:</p> <ul style="list-style-type: none"> • Barbara Ryan highlighted that mental health was an integral part to all of these groups and suggested that a behavioral health representative be the co-lead for the Delivery System group. • Les Berkowitz highlighted that it will be very important to ensure a good two-way communication structure along with cross-fertilization of groups so that entities such as mental health are not forgotten. • Steven Summer expressed concern in the amount of work this would present for a group of volunteers. He asked if there would be more resources or staff that could be utilized. This point was well received by Phil Kalin. Currently CIVHC has a full-time staff of three and a part-time research analyst. There will be support with the All Payer Database, the Palliative Care Task Force is almost done with their recommendations. The ED Utilization work will also be delayed until the second or third quarter for this reason. In the future CIVHC should have more resources, but right now we will have to rely on volunteers. • The three efforts under the Health Care Delivery System are not the only areas that will be targeted in the delivery system. These are just places to start and hopefully achieve early successes. • The member lists and resources developed by the work groups previously will all be available to the new groups. • Dick Thompson asked if it would be possible to get updates and reports out to board members on current initiatives (such as the APD) so they can help create support with their stakeholders and move them forward. Board should be acting as advocates now. • Marian Heesaker suggested using rural areas that are ready for change to implement and pilot some initiatives for other early wins. • Kelly Dunkin highlighted the importance of having the long-term goals tie back into the work of each task force. 	
ACTION	PERSON RESPONSIBLE	DUE DATE
Send out report/update on APD	Staff	February

AGENDA ITEM	Launching Payment Reform Advisory Group – Phil Kalin
DISCUSSION (ATTACHMENTS)	<p>CIVHC is in a great position to move payment reform efforts forward. Donna Marshall and Sandeep Wadhwa have agreed to lead this group and we are hoping that the group can have a work plan/tasks set by the end of March or beginning of April. In order to help this group get started a list of discussion areas has been developed for the board to give input in on. The areas include:</p> <ol style="list-style-type: none"> 1. Suggested principles and underlying assumptions for payment reform strategy in Colorado 2. Input on approaches and alternatives to investigate 3. Ways to maximize buy-in/reduce barriers 4. Collaboration opportunities 5. Thoughts on milestone/measures of success <p>The following bullets were a result of the boards discussion:</p> <ol style="list-style-type: none"> 1. Suggested principles and underlying assumptions for payment reform strategy in Colorado <ul style="list-style-type: none"> • Engage private payers to address anti-trust challenges (and providers) • Opportunity for anti-trust legislation this year? • Need to address obstacles for self-funded plans (ERISA). Recruit local companies to explore options • Medicare participation needed • Need to align financial incentives between payers and providers • Stimulate and reward innovation in bringing down costs and improving quality • Find out what is limiting innovation (market reform) in systems that are already working within a reformed payment model • Providers want payment reform • Market review of innovative technological efficiencies that will bring down costs • There should not be geographic variation • We need to maintain what is already working • All payers and all providers need to be part of the reform effort • There needs to be a consumer education component to the effort • Payment reform should enhance fairness and equity • Suppliers of the health care services have to realize consumers have options, and their decisions will be based upon cost and quality • Acknowledge that government has the power to distort markets • Culture change is imperative for tangible outcomes • Consider this as payment/market reform

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	<ul style="list-style-type: none"> • Payer/purchaser/user needs to be more closely united in health care as in other markets, may depend on breeding a more informed crop of health care consumers • Need transparency of data to breed more informed consumers • Data and payment reform are requirements for creating a well-functioning health care market. (Best Buy analogy) • Need to look at models that are already working well, then duplicate • Need participation/buy-in from the constituents who will be impacted by payment reform • Need in-depth analysis of successful initiatives and testing • Pharmaceutical industry specific study of cost • Get clarity about what CIVHC's role is on payment reform 		
ACTION		PERSON RESPONSIBLE	DUE DATE

AGENDA ITEM	Public Comment		
DISCUSSION	Marjie Harbrecht highlighted that there is a lot of work being done at the national level in regards to payment reform and the discussion the board had. It would be beneficial for CIVHC to look at this and see how it could apply to Colorado. An important area to look at is profit motive and incentivizing groups of providers to look at quality.		
ACTION		PERSON RESPONSIBLE	DUE DATE
(none required)			

MEETING ADJOURNED	5:00 p.m.
APPROVAL OF MINUTES	1/22/10
NEXT MEETING	February 11, 2010; 3pm-5pm - Colorado Medical Society, Founder's Room (1 st Floor) - 7351 Lowry Boulevard, Denver, Colorado 80230